

**IDAHO STATE RACING COMMISSION**  
**700 S. STRATFORD DR., MERIDIAN, IDAHO 83642**  
**PHONE: 208-884-7080 FAX: 208-884-7098**

**REPORT OF PHYSICAL EXAMINATION OF APPLICANT FOR JOCKEY OR APPRENTICE JOCKEY'S LICENSE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PLACE OF EXAMINATION \_\_\_\_\_

I do hereby agree to such physical examination as the Idaho State Racing Commission may prescribe and hereby waive all provisions of any law forbidding any physician from disclosing any information thus acquired, and do hereby authorize such physical to make such a disclosure.

\_\_\_\_\_  
 Signature of Applicant  
 (Jockey or Apprentice Jockey)

PAST HISTORY: Have you had any of the following:

Heart disease or T.B.	Epilepsy, fainting spells
Stomach or Kidney trouble	Headaches, dizziness
Head injuries or fractures	Operations

Eyes
Ears
Nose
Mouth and Throat
Heart
Blood Pressure
Lungs
Abdomen
Extremities
Hands/feet
Reflexes
Joints

Recommendations, if any \_\_\_\_\_

Is this person examined suitable for riding? \_\_\_\_\_

If any exceptions, specify \_\_\_\_\_

Examined by, \_\_\_\_\_, M.D.

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**ALL JOCKEYS AND APPRENTICE JOCKEYS MUST PASS A PHYSICAL EXAMINATION EACH YEAR PRIOR TO BEING LICENSED.**